Letter of Information and Consent

All forms of medical and dental treatment, including orthodontics, have some risks and limitations. Fortunately in orthodontics the complications are infrequent and when they do occur they are most often of minor consequence. Nevertheless, they should be considered when making the decision to undergo orthodontic treatment.

DECAY, DECALCIFICATION AND GUM DISEASE

Cavities and permanent markings on the teeth can occur if patients do not brush frequently and properly. Inflammation of the gums and loss of supporting bone can occur if bacterial plaque is not removed daily with good oral hygiene. Regular checkups with the family dentist are necessary to check for decay and clean the teeth. Occasionally, periodontal (gum) problems present before treatment may be worsened by the wearing of braces and require treatment by another dental specialist.

ROOT PROBLEMS

On rare occasions, the nerve of a tooth may become abscessed and in some instances the root ends of the teeth are shortened during treatment. This is called root resorption. Nothing can be done to prevent this from occurring and under normal circumstances is of no consequence.

STABILITY OF RESULT

Teeth have a tendency to return toward their original position after braces are removed. Faithful wearing of retainers reduces this tendency. A common site for these changes is the lower front teeth and some changes in the area should be expected.

LATE GROWTH CHANGES

Occasionally a person who has had normal growth of the jaws may experience late growth changes. IF growth becomes uneven, the relationship of the jaws may change, requiring additional treatment for the original treatment objectives to be met. Growth disharmony is a biological process beyond the orthodontist's control.

JAW JOINT PAIN

There is a very small chance that pain may occur in the lower jaw joints. Tooth alignment or bite correction can usually improve tooth-related causes of jaw discomfort, but additional treatment may be required.

TREATMENT PROGRESS

Lack of bone growth, poor cooperation, broken appliances and missed appointments are important factors which can lengthen and affect the quality of the result.

If you have any questions at any time about any of these items, please do not hesitate to ask.

I HAVE READ AND UNDERSTAND THE ABOVE AND AUTHORIZE DR. POWER, DMD AND WHOMEVER SHE MAY DESIGNATE AS HER ASSISTANTS TO RENDER ALL NECESSARY ORTHODONTIC TREATMENT.

Patient Name	Signature of patient or responsible party	Date	